



Tenant Request to Transfer Unit Form

Name:		Phone #:	
Housing Account #:		Email Address:	
Current Unit Address:		Requested Unit Size/Type:	
Reason for Request: <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Over-crowding <input type="checkbox"/> Under-crowding			
Comments/Additional Information: 			

By signing this agreement, I (the undersigned) hereby acknowledge that I am not guaranteed the requested unit, nor am I guaranteed a transfer. My name will be placed on the waiting list using the date of this request and I will be notified when my name reaches the top of the list. If my current unit is not properly cared for, I will be charged for any damages. If I am in arrears at the time I reach the top of the list, I will be required to pay the arrears in full within 10 days or I will be removed from the transfer list.

**Any medical reasons will require a medical note signed by licensed medical professional.*

**Please note, moving from a like unit is not a valid reason for a transfer request.*

**Outstanding arrears on a SNGR account specifically the housing account must be remedied to proceed with a unit transfer.*

Requesting Tenant's Signature

Date

FOR INTERNAL USE

Signed & Dated by Property Manager or Senior Manager		Approved
		Declined
Letter Prepared Signed & Dated by:		Hand Delivered to Unit
		Emailed to Client



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